

January 21, 2014

Frank Gielen
Director Health Care Development
WSIB Ontario

Dear Frank,

The Ontario Society of Occupational Therapists (OSOT) has appreciated the opportunity to participate with the WSIB as a stakeholder in the development of the *Draft Musculoskeletal Program of Care* and now forwards the association's full support of the draft document as circulated December 9, 2013.

Notwithstanding the Board of Director's support of the draft, we forward the following comments and suggestions, received in our internal consultation, which the board members feel are worthy of consideration and do not substantially change the direction, focus or evidential basis of the Program of Care.

- In the section on immobilization through bracing (page 8) it is recommended that the word "orthosis" be substituted for the word "splint"
- The fee setting process should be informed of the time required for custom fabrication of an orthosis and where necessary modification of a pre-fabricated orthosis to meet worker needs. (OSOT would be pleased to support this information gathering process.)
- The outcome tool, the Patient Specific Functional Scale (PSFS) is well referenced and further information can be sought by clinicians who are not familiar with the tool. That said, the descriptor on page 6 of the document has raised some questions and varied interpretation, amongst clinicians who were not familiar with the tool. To minimize variability of interpretation we offer the suggestion that the third paragraph of the section titled *Outcome Measure* might be clearer if worded: "... The worker then rates the ability to perform that activity on a scale from zero (unable to perform the activity) to 10 (able to perform the activity at the same level as before the injury or problem). *The average of the scores on each functional activity is calculated to determine a score between 0 and 10. Progress toward a score of 10 is a measure of improved function. An increase of at least 3 points is evidence of a clinically important improvement. The Minimum Clinically Important Difference (MCID) is three PSFS points.*"

- While the POC remains flexible enough to accommodate a variety of treatment approaches and it is expected that workers will return to work and function within an 8 week period, it is suggested that should there be cases where second treatment plans are submitted to extend treatment, it could be appropriate to request identification of how attention to yellow flags and psychosocial risk factors (if identified) are to be differently addressed to achieve goals. The increased focus and attention to the yellow flags and psychosocial risk factors is valid and important but discussions in the working group identified that this is a leadership approach and will require change in practice amongst some practitioners.

The Society looks forward to your guidance around next steps towards implementation of an MSK Program of Care.

Sincerely,

A handwritten signature in black ink that reads "Christie Brenchley". The signature is written in a cursive, flowing style with a large loop at the end of the last name.

Christie Brenchley
Executive Director